

FY_____

Contractor Name:

Amendment #, If Applicable:

If Federal Funds, CFDA #:

PURCHASE OF SERVICE - ATTACHMENT 2: PERFORMANCE MEASURES

Program Name:	Document ID#:	MMARS Code:	Program Type	UFR Program Number:
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PROGRAM OUTCOMES	MEASURE	GOAL*				
		year 1	year2	year 3	year 4	year 5
1.						
2.						
3.						
4.						
5.						
PROGRAM OUTPUTS	MEASURE	GOAL*				
		year 1	year 2	year 3	year 4	year 5
1.						
2.						
3.						
4.						
5.						
PROGRAM EFFICIENCY	MEASURE	GOAL*				
		year 1	year 2	year 3	year 4	year 5
1.						
2.						
3.						
4.						
5.						
PROGRAM EFFECTIVENESS	MEASURE	GOAL*				
		year 1	year 2	year 3	year 4	year 5
1.						
2.						
3.						
4.						
5.						

Attach additional years, if appropriate

3/14/97